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28970 7	590 12/05	/2006							
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APPLICATION NO.	FILING DATE		FIRST NAMED INVEN	TOR	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/047,511	17,511 10/19/2001		David H. Cook		LET-101		4017		
TITLE OF INVENTION: S	SYSTEM AND METH	OD FOR SELECTIVE II	NSERTION OF CON'	TENT INTO STREA	MING M	EDIA			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID IS	UE FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$700	\$300	\$0		\$1000		03/05/2007	
EXAMINER		ART UNIT	CLASS-SUBCLASS	02/27	/2007 H	ARZI2 00000044	502613	10047511	
TAYLOR, NICHOLAS R		2141	709-231000		:2501 :1504	769.00 DA			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).				For printing on the patent front page, list					
Change of correspondaddress form PTO/SB/1	dence address (or Char	or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			registered attorney 2 registered patent	name of a single firm (having as a member a red attorney or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed.					
3. ASSIGNEE NAME AND	RESIDENCE DATA	TO BE PRINTED ON T	THE PATENT (print o	r type)		· · ·		·	
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identi n 37 CFR 3.11. Comp	fied below, no assignee letion of this form is NO	data will appear on the factor of the factor	he patent. If an assi g an assignment.	gnee is id	entified below, the d	ocument	has been filed for	
(A) NAME OF ASSIGN		RESIDENCE: (CITY and STATE OR COUNTRY)							
Loudeye Technologies, Inc. Seattle, Washington									
Please check the appropriate	e assignee category or	categories (will not be pr	inted on the patent):	☐ Individual 🗖	Corporati	on or other private gro	oup entity	Government	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reap)						iously paid issue fee	shown al	bove)	
Issue Fee Publication Fee (No s	_	☑ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o		The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-265 (enclose an extra copy of this form).							
5. Change in Entity Status  a. Applicant claims S	•	•	b. Applicant is no	longer claiming SM	ALL ENT	TTY status. See 37 Cl	FŔ 1.27(g	g)(2).	
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